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** FOREIGN APPLICATIONS ***** <i>None IB</i>					
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and <i>IB</i> Acknowledged <u> </u> Examiner's Signature <u> </u> Initials		STATE OR COUNTRY CA	SHEETS DRAWING 7	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 3
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FILING FEE RECEIVED 890	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		